

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589364

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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20		14		/		
21		14		/		
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23		1		/		
24		2		/		
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27		1		/		
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36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		2		/		
42	/	2	/	/		
43	/	/	/	/		
44		/		/		
45	/		/			
46		3		2		
47		3		2		
48		3		2		
49		3		2		
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			53			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						